

The signatures to the request must be executed in your presence. Fully complete and sign the certification form provided for your use for each signature you witness. If you are an employee (rather than an officer) authorized to certify signatures, insert the words "Authorized Signature" in the space provided for the title. Insert the place and date, as required on the form, and impress the seal of your organization.

## INSTRUCTIONS

**USE OF FORM** – This form is used in support of the heirs' and other entitled parties' application for disposition of United States securities and checks issued in payment of the securities or interest on the securities when no formal administration of the decedent's estate is being or will be conducted. Any unpaid creditor of the decedent's estate who did not join in the application for disposition must use this form to consent to the transfer, reissue, exchange, or payment to someone else of United States securities and related checks and interest belonging to the decedent.

- Do **not** use this form if a legal representative has been or will be appointed by a court to settle the decedent's estate.
- Do **not** use this form if payment of the securities or checks to the creditor is desired.
- A minor or person under legal disability may **not** execute this form.

### COMPLETION OF FORM

- ✓ Insert the decedent's name.
- ✓ Insert the name and address of the unpaid creditor.
- ✓ Describe the nature of the claim (ambulance fee, nursing home expenses, etc.).
- ✓ Show the total amount of the debt, any amount paid against it, and by whom paid.
- ✓ Sign the form in ink and, if an organization, provide the name of your organization, your title, and the organizational seal:
  - ❖ If the creditor is a partnership, a general partner must sign the form on behalf of the firm and impress the firm's seal.
  - ❖ If the creditor is a corporation, an authorized officer of the corporation must sign the form and impress the corporate seal.
  - ❖ If the firm or corporation has no seal, it should be so stated in the space provided for that purpose.

**When a person signs this form for a firm or corporation, the Department of the Treasury reserves the right to require evidence of his/her authority.**

### CERTIFICATION

#### *Person Who Signs Form*

- You must appear before and establish identification to the satisfaction of an authorized certifying officer, a notary public, or other officer authorized by law to administer oaths, and sign in the presence of that officer. Authorized certifying officers are available at banking institutions, including credit unions, in the United States. For a complete list of such officers, see Department of the Treasury Circulars, Nos. 300 and 530, current revisions, and Public Debt Series Nos. 3-80 and 2-98.

#### *Certifying Officer*

- This form must be signed in your presence. Complete the certification form provided and place an adequate notation on this form, or on a separate record, showing exactly how identification was established. An authorized certifying officer must affix the seal or stamp which is used when certifying requests for payment. A notary public or similar officer must also show the expiration date of his/her commission.

**WHERE TO SEND** – Send this form to the office indicated on page 1 or to the address shown on the application for disposition that this form supports.

### PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 06 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to the office indicated in "WHERE TO SEND" above.**